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forms are submitted.

REVOCATION OF POWER OF

CENTRAL FAX CENTER

AUG 04 2004



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Application Number

August 2, 2001

Hoo Siong Chow

-ATTORNEY WITH NEW POWER OF ATTORNEY Art Unit 3625 AND NGUYEN, CUONG H Examiner Name CHANGE OF CORRESPONDENCE ADDRESS YSAP.CHOW.PT1 Attorney Docket Number (formerly U 013577-4) I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 24943 [X] I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 24943 **Customer Number:** OR Firm or Individual Name Address Address Zip State City Country Fax Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Signature Telephone Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

Filing Date

First Named Inventor

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